

BHR/PVC ANNUAL REPORT

PVO: PSI/Rwanda

Program Location: National: Private sector distribution, behavior change communications including mass media, mid-level media and interpersonal communications, and community based distribution

Public Sector: Pilot rural health districts and corresponding health regions: Ruhengeri (Ruhengeri), Kibuye (Kibuye), Remera-Rukoma (Gitarama), Mibirizi (Cyangugu), Byumba (Byumba) for IPC and CBD by health centers (pre/post-natal nurses) and health animators

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Authors and Editors: Alexandra M. Dimiziani
Marketing Technical Advisor, PSI/Rwanda

Brian Smith
Director of Technical Services, PSI/Washington

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ASOFERWA	Association de Solidarité des Femmes Rwandaises
BCC	Behavior Change Communications
BHR/PVC	Bureau for Humanitarian Response/Office of Private Voluntary Cooperation
CBD	Community-Based Distributor/Distribution
DHS	Demographic Health Survey
DIP	Detailed Implementation Plan
EOP	End of Project
FGD	Focus Group Discussion
HA	Health Animators
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
IR	Intermediate Results
IPC	Inter-Personal Communications
IRC	International Rescue Committee
ITN	Insecticide Treated Net
KAP	Knowledge, Attitudes, Practices
LOP	Life of Project
KfW	Kreditanstalt für Wiederaufbau
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MI	Motivational Interview(ing)
MIS	Management Information Systems
MOH	Ministry of Health
MTA	Marketing Technical Advisor
NGO	Non-Governmental Organization
NHAP	National Health Animators Program
NMCP	National Malaria Control Program
ORS	Oral Rehydration Solution
OTJ	On-the-Job (training)
PMT	Project Management Team
PRISSM	Promoting Improvements in Sustainable Social Marketing
PSI	Population Services International
PVO	Private Voluntary Organization
STTA	Short Term Technical Assistance
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Population Services International (PSI) is currently implementing an insecticide treated mosquito net (ITN) project in Rwanda through its local affiliate, PSI/Rwanda, in conjunction with the Ministry of Health's (MOH) National Malaria Control Program (NMCP), to elicit behavior change by promoting ITN use for the prevention of malaria. Prior to BHR/PVC funding in October 2000, the program focused primarily on urban areas of Rwanda. With the support of USAID, PSI/Rwanda's program extended into rural areas in an effort to reach the most vulnerable population. The program consists mainly of creating demand for ITNs by way of national mass media, mid-level media, and interpersonal behavior change communication (BCC), in conjunction with increasing the availability of ITNs through private sector and community-based distribution (CBD).

To reduce the incidence of malaria-related morbidity and mortality in children under five and pregnant women, the project goal is to increase use of ITNs among this population nationally, with emphasis placed on five pilot rural health districts, three of which are already functioning. The program's objectives are:

- IR1: increased demand and behavior favoring the use of ITNs and retreatment
- IR2: increased ITN and retreatment accessibility
- IR3: strengthened sustainability

Major accomplishments to date include:

- ITN baseline knowledge, attitudes, practices (KAP) survey conducted, data interpreted, and resulting BCC strategy in place
- Three generic radio spots developed, produced, and aired; three generic posters developed and in production; promotional materials procured and being distributed; drama sketch written and performed; flip-chart produced and disseminated
- Ninety-nine mobile video unit (MVU) presentations conducted reaching 91,511 audience members and 75 interpersonal communication (IPC) sessions carried out with audiences totaling 4,772
- CBD underway with 62 members of ASOFERWA, 34 pre- and post-natal nurses in health centers, and 89 health animators trained and supplied with ITNs by PSI/Rwanda; 155 more health animators trained by nurse and health animator trainees
- Significant increase in commercial sector points-of-sale with 221 new rural outlets and 207 new urban outlets
- PSI/Rwanda employees' capacity greatly increased via on-the-job training, off-site workshops, seminars, retreat, and a study tour
- Partners capacity growing—PSI/Rwanda and NMCP closely collaborating on program implementation and jointly producing a weekly radio show; ASOFERWA and health animators trained in and conducting CBD
- Funding for procurement of commodities obtained will provide an estimated 160,000 nets (packaged with insecticide retreatment kits) and 150,000 retreatment kits
- Sales of 64,889 ITNs packaged with retreatment and 57,047 retreatment-only kits sold in Year 1

A. PROGRAM ACCOMPLISHMENTS

1. Research

(For a more detailed report on research findings, see section E.2.a.)

The national baseline KAP study was conducted in May 2001 and demonstrates that almost all Rwandans are aware of malaria and comprehend the severity. However, many are still unclear as to the vector of the disease. Furthermore, most people are not aware of the most vulnerable groups—pregnant women and children under five—believing everyone to be at equal risk.

Of those who are aware of malaria prevention methods, about half believe sleeping under a net is the best means of prevention, whereas only one-tenth of respondents believe sleeping under an ITN to be the most effective way. The main advantage of sleeping under a net, as stated by respondents, is the relief from mosquito nuisance; only about one-third of respondents believe that the main advantage is preventing malaria.

Research results confirmed that the price of ITNs is considered high by the target population. Of rural respondents who had heard of ITNs, 32.0% stated that they would be willing to pay 500 – 999 frw (approximately \$1.11 - \$2.22) and 28.8% stated that they would be willing to pay 1,000 frw – 1,999 frw (approximately \$2.22 – \$4.44), the latter being the range in which the price of the subsidized PSI ITN falls (\$3.11).

Only 4.3% of all rural respondents reported having at least one net in their home. In rural household with nets where there was at least one pregnant woman, all reported sleeping under the net the previous night, however the sample size was only four respondents. In rural households where there was at least one child under five and a net, exactly half of all children below the age of five slept under the net the preceding night.

2. Communication

(For a more detailed report on communication strategy, see section E.2.b.)

During the life of the project, the majority of energy and funds will be dedicated to generic communications, for the following reasons:

1. The population is familiar with the brand *SUPANET* to the degree that it has become synonymous with mosquito nets (89.6% of respondents who had heard of mosquito nets, had heard of *SUPANET*, according the 2001 KAP);
2. The population's current behavior change needs are great and complex, requiring significant amounts of information; and
3. PSI/Rwanda wishes to promote ITNs with the intent that: a) communications support a possible launch by the NMCP of highly-subsidized generic nets targeted at the destitute and, b) the overall net market is augmented, versus the market share of *SUPANET* in hopes that, in the long-term, the commercial sector will enter the Rwandan market.

a. Generic Communications

Three generic radio spots have been developed, produced, and aired, and three generic posters have been developed and are currently in production. Additionally, a drama sketch has been written and performed by a professional drama group and a flipchart has been produced and distributed to partners conducting IPC (ASOFERWA and health animators). Ninety-nine MVU sessions have been conducted reaching 91,511 audience members, and 75 IPC sessions have been conducted reaching 4,772 people.

All communications address messages that, according to research results, are priority behavior change intervention areas. They are:

- **mode of transmission:** night-biting mosquitoes as the vector
- **risk perception:** pregnant women and children under five as most vulnerable groups
- **product attributes and affordability:** economic advantages of using an ITN.

Secondary themes include:

- **self-efficacy:** communicating that each person has the power to prevent malaria
- **product attributes:** conveying that ITN usage is the most effective way of preventing malaria and that regular retreatment almost doubles its effectiveness
- **availability:** detailing sources for nets and retreatment
- **health-seeking behaviors** and safe and proper use of nets and insecticide

b. Branded Communications

Branded communications are still in development stages. The concept tagline for *SUPANET* is “Show them you care: *SUPANET*” (or “Show them your love” translation-dependent), to be tested in focus group discussions (FGDs) in February 2002. For the *Karishya* retreatment kits, PSI/Rwanda is exploring cooperative advertising with the Total gas company whose collaboration as a points-of-sale coupled with a nationwide presence will help to increase availability. The promotional concept is to use the comparison “an untreated net is like a car without gas” (pending Total’s approval).

Plastic cups and plates for use by small children with *SUPANET* and *Karishya* logos have been procured and are being distributed.

3. Increased Availability

a. Commercial Sector

Since program inception, 221 new rural points-of-sale have been opened by PSI/Rwanda sales and blitz teams, already far exceeding the goal of 150 new rural points-of-sale. Of these new points-of-sale, 116 are wholesalers and 105 are retailers. The PSI/Rwanda sales force has also opened 207 new urban outlets, 87 of which are wholesalers who often re-supply rural retailers, and 120 are retailers.

b. Public Sector

In three pilot rural health districts, PSI/Rwanda is currently distributing ITNs through 34 health centers (additional information in section 4.a. Increased Capacity) which act as wholesalers, selling ITNs and retreatment kits to health animators, as well as selling directly to the population. This has proven an effective approach, particularly when

nurses are conducting IPC sessions on pre- or post-natal days. Approximately 245 health animators are functioning as CBD agents.

c. Partner Organizations

Sixty-two members of *Association de Solidarité des Femmes Rwandaïses*, or ASOFERWA, a local grass-roots organization for women widowed during the genocide, were trained in and are performing CBD. Training for DUHOZANYE and World Relief is scheduled for February 2002. Distribution of *SUPANET* and *Karishya* through the International Rescue Committee (IRC) in Kibungo has not yet commenced, as they are selling a remaining supply of nets donated by the Swiss Cooperation.

4. Strengthened Sustainability

a. Increased Capacity

PSI/Rwanda

The capacity of PSI/Rwanda's staff has notably increased during the year. The Marketing Technical Advisor (MTA) provides extensive on-the-job training, particularly for the research and communications departments and the ITN team. This includes a message development workshop to improve ability to interpret research results, to devise an appropriate communication strategy, and to develop pertinent messages. The MTA also developed an ITN-specific training module for commercial sales and, in conjunction with the Sales Manager, used the module to train the PSI/Rwanda sales team. Most recently, the PSI/Rwanda Country Representative and Associate Program Manager (PSI/Washington) trained eight PSI/Rwanda staff in IPC, and the trained staff in turn trained 14 additional employees.

Off-site trainings include a one-month management seminar in Amsterdam attended by the PSI/Rwanda Deputy Director and a one-week training conducted by PSI/Washington on Ethnograph, a qualitative data analysis tool, attended by two members of the PSI/Rwanda research department.

Additionally, the PSI/Rwanda MTA and ITN Coordinator and the Entomologist/IEC Manager of the NMCP conducted a one-week study tour of PSI/Malawi's ITN program, and the MTA and ITN Coordinator attended a PSI ITN retreat in Tanzania in September 2001. The PSI/Rwanda ITN team is also benefiting from lessons learned and new information on malaria and prevention, courtesy of the newly re-launched PSI ITN newsletter, "The Buzz".

A child survival consortium was created in Rwanda with PSI/Rwanda playing a leading role. The consortium is comprised of all organizations with Child Survival programs in Rwanda funded by USAID—IRC, Concern, World Relief, and PSI/Rwanda. Both the MTA and ITN Coordinator profit from attending the consortium's monthly meetings.

Lastly, funding obtained through PSI/Washington will support PSI/Rwanda's launch of a safe water system (SWS) in June 2002. The objective of this new maternal and child health (MCH) project is to reduce the incidence of diarrhea-related mortality in children

under five. This initiative will serve to increase the capacity to develop and implement MCH programs within PSI/Rwanda as well as the MoH, and will, over-time, reduce the costs of new MCH program as resources are shared.

Partner Organizations

NMCP: The NMCP is apprised of all activities proposed and conducted by PSI/Rwanda by way of bi-weekly status reports and monthly meetings in which activity objectives and the means of accomplishment are discussed in great detail.

PSI/Rwanda and the NMCP also collaborate to co-produce a weekly radio show by determining the messages for each show, based on baseline KAP results and/or topical issues (such as the new treatment protocol), and work closely with the announcer to ensure that priority communication themes are accurately and consistently conveyed.

As mentioned above, NMCP's Entomologist/IEC Manager conducted a study-tour of PSI/Malawi's ITN program.

National Health Animators Program (NHAP): A CBD module was developed by PSI/Rwanda (see Appendix 1 for module and board-game) and 89 health animators were trained, along with 34 nurses in area health centers, in basic communication, sales techniques, and establishing and maintaining revolving funds. The previously trained nurses and health animators (trainers) then independently trained 155 additional health animators. Furthermore, a credit program was established and is operational at a health center level and re-payment of the allotted credit has already commenced.

ASOFERWA: Sixty-two members of ASOFERWA attended CBD training, covering the same topics as described above.

b. Additional Funding

A commodity funding proposal was written and submitted to the local USAID mission. The proposal was approved for nearly \$300,000 from AIDSMark to cover a starter stock of approximately 60,000 ITNs and 70,000 retreatment kits for separate sale. As revenue generated from this starter stock will go towards the purchase of additional commodities, PSI/Rwanda estimates that this funding will procure 160,000 ITNs and 150,000 retreatment kits in the long-term.

5. Detailed Implementation Plan (DIP)

The DIP was shared in totality with the MoH/NMCP and was summarized, translated, and shared with other partners. The DIP drives PSI/Rwanda's quarterly and monthly plans and annual marketing plans.

B. PROGRAM CONSTRAINTS

1. Research

Directly following data collection, PSI/Rwanda validated results by stratifying responses per interviewer to verify that no bias existed. However, it was discovered that all

interviewers under one supervisor had responses incongruent with the group operating under the other supervisor. Extensive one-on-one discussions with every interviewer exposed one supervisor's bias in data collection. For example, when respondents were asked to whom malaria poses the greatest risk, interviewers were directed during training to leave the question open-ended. The 'biased' supervisor seemingly forbade his interviewers to record the answer 'everyone,' and insisted that they probe further, tainting results obtained by that entire group. Consequently, all interviews conducted under this supervisor were eliminated, almost halving the original sample size to 1,154 respondents.

2. Sales

Sales in Year 1 fell just roughly 5,000 short of the goal of 70,000 (64,889 between October 2000 and September 2001) partially due a seven-week stock-out during in the months of June and July 2001. Though nets were available, the retreatment kits with which they are packaged prior to sale were not due to the supplier. With the AIDSMark funding for commodities, stock-outs should no longer pose a threat, as PSI/Rwanda will be capable of buying larger consignments and re-supplying with revenues generated from sales of the starter stock, well before the risk of a stock-out presents itself.

Lower-than-expected sales may also be due to the delay experienced in collecting, cleaning, and validating KAP research results, as this resulted in demand-increasing communications being diffused later in the year than anticipated.

3. Rwandan Context

a. Poverty

Poverty in Rwanda continues to worsen, exacerbated by plunging agricultural product prices, the main source of income for the majority of this project's target—rural Rwandans—and thus affecting their buying power. As reported by the Famine Early Warning System (FEWS) in January 2002, prices of main staples decreased from 68% for cassava to 29% for beans relative to December 2000. Economic deterioration could have an impact on ITN sales, particularly in rural areas, which were originally projected at 300,000 for the length-of-project and were based on economic stability or improvement.

b. Commercial Sector Characteristics

Due to the poverty levels in Rwanda and given the initial investment required to purchase ITNs in bulk, wholesalers, particularly in rural areas, are unable to buy large quantities, impeding PSI/Rwanda's ability, in the short-term, to significantly lower cost per unit.

4. Cost-Recovery

Cost-recovery continues to pose a challenge since retreatment kits are sold at approximately 10% of their cost price. A committee chaired by the MoH determined the current consumer price point of 100 frw (roughly \$0.11), however, it appears feasible that with the potential launch of K-O Tab (tablet formulation of deltamethrin, currently sold in liquid form), the price per retreatment kit may be raised to 200 frw (\$0.44). AS PSI/Rwanda proposes to procure K-O Tab through a PSI global arrangement, the cost-price of ITN kits will be lowered to approximately \$0.70, improving cost-recovery.

5. Product Consistency

Product consistency is one of the fundamental elements of a strong and cohesive brand. Both PSI/Rwanda and the NMCP sell branded *SUPANET* mosquito nets and *Karishya* retreatment, but the two organizations do not procure from same source. The NMCP still has a donated stock of ITNs from a supplier different to that which PSI/Rwanda utilizes, and has been procuring insecticide from a source other than that which furnishes insecticide for PSI/Rwanda and whose quote to PSI/Rwanda was significantly higher than, but with parallel quality to, other sources. As K-O Tab will be procured from the same and only source, this situation will partially improve.

6. Training Assessments

During the course of numerous CBD trainings, it was discovered that administering pre- and post-tests are not possible due to the high level of illiteracy among participants.

C. REQUIRED TECHNICAL ASSISTANCE

Technical assistance currently provided by the PSI/Washington project management team (PMT), Child Survival Department inclusive of the ITN Senior Product Specialist, and Technical Services is ample. Further technical assistance is not, at this point, required.

D. PROGRAM CHANGES

The following changes were made to render operations smoother, partnerships stronger, and the program's impact greater, based on experiences to date. Most of the following changes were incorporated into a revised workplan and submitted to USAID contracts department in October 2001.

Pilot Rural Areas: In conjunction with the NMCP, six rural health districts were identified as pilot public sector CBD and IPC areas during this project. However, because UNICEF is distributing nets in Kiziguro in Umutara, both the NMCP and PSI/Rwanda have agreed to eliminate this district as a priority area, leaving five pilot rural health districts.

Motivational Interviewing: PSI/Rwanda will not conduct training in Motivational Interviewing (MI), a method of IPC. Given PSI's behavior change framework, the basis for all communications produced by PSI/Rwanda, MI's use of 'stages of change' was deemed confusing. Furthermore, limiting the use of behavioral models to just one will provide a seamless integration of messages and consistency across communication vehicles. Also, through initial CBD training, PSI/Rwanda realized that current levels of capacity among members of partner organizations (health centers, health animators, and ASOFERWA) would not sustain such a specific and detailed method of IPC. Plans remain intact for general IPC training with ASOFERWA and nurses and health animators in the pilot rural health districts.

Treatment Protocol Training: PSI/Rwanda will not hold treatment protocol trainings in health districts. The protocol changed in January 2002 and was sufficiently communicated via a launch event and the radio. Trainings at the district level have already been planned and will be conducted by the MoH/NMCP.

Distribution Partner ID System: A new PSI/Rwanda sales force incentive program has been created and implemented which, through reward, places emphasis on the creation of wholesalers, the aperture of new rural sales outlets, and the association of the two. However, the sales team is no longer required to present an agreement and obtain a signature from the wholesaler, as it became clear that signing of any document is viewed suspiciously since many Rwandans are illiterate and fear entering an unfavorable contract.

Local-level NHAP Associations and Members: Consistent with Rwanda's effort to decentralize as well as to more closely associate health centers with local health animators, PSI/Rwanda is not conducting CBD and IPC training at a national level. Instead, local trainings are held, including with pre- and post-natal nurses at health centers and health animators at sector- and cellule-levels Rwanda. These joint trainings have also helped clarify and reinforce the distribution system—health animators being re-supplied by health centers. Nonetheless, a member of the NHAP at the national level is invited to participate in all trainings and to accompany the PSI/Rwanda employee, who, in conjunction with a health district supervisor (MoH) conducts monthly supervision and re-supply visits to all participating health centers in the pilot rural health districts.

Assessments of Partner Organizations: PSI/Rwanda has eliminated conducting formal assessments of partner organizations. Though assured otherwise, governmental partners were suspicious of the proposed assessments, fearing that the objective was to point out weaknesses. Organizations were anxious that the outcome of the assessments would be shared with authorities and subsequently influence their annual budgets. The local NGO partner feared that the assessment result would affect their future chances of obtaining donor funding. Given the Rwandan context—one of silently guarding unflattering information—and to provide for a positive working climate, PSI/Rwanda decided to informally assess local organizations through discussions in order to ascertain their viability as partners and current levels of capacity.

Good Use Survey: A Good Use Survey, in safe and proper use of ITNs and retreatment was to be researched, was planned for Year 2. However, given the desire of both the MoH/NMCP and PSI/Rwanda to introduce K-O Tab, funds for the Good Use Survey were re-allocated. Funds were used for research that will ensure that the population understands K-O Tab directions, proper and safe retreatment with the product, and correctly discard any unused treatment and the kit paraphernalia (gloves, tablet sachet, etc.). The research was conducted among 150 households, both in urban and rural areas, with the bulk of the sample being rural net and non-net owners, though the majority were non-owners. The results of this study will be available in February 2002.

Retreatment Rate Calculation: In a continuous effort to improve measurement tools, PSI/Washington reviewed and revised the retreatment rate calculation to eliminate the

faulty assumption that when kits are utilized, inherent in the equation is that ITNs have been previously used. Inevitably, the start-of-project retreatment rate of 25% as published by PSI/Rwanda in the DIP, changed as a function of the new equation and dropped to a retreatment rate of 16%. The end-of-project goal of 28% has, therefore, been proportionately lowered to 20%.

E. DIP CONSULTATION OUTCOMES

On June 14, 2001 staff from PSI/Rwanda, PSI/Washington, and the Coordinator of the NMCP attended the DIP review at USAID headquarters. Based on discussions, PSI/Rwanda was charged with reviewing and revising the following:

1. Monitoring and Evaluation Indicators
 - Refining indicators per recommendations and KAP results
 - Incorporating commercial sector monitoring
2. Communications Strategy
 - Modifying per KAP results
3. Operations Research
 - Assessing and adjusting current operations research objective
4. Exit or Devolution Strategy
 - Clarifying the strategy

1. Monitoring and Evaluation

a. Refining Indicators

Suggestions were made to improve performance indicators, principally at the goal level. It should be reiterated that PSI does not propose to measure performance at the goal level and that research and statistics needed to do so are dependent on the MoH. Instead, it is assumed that achieving performance indicators at the intermediate results and purpose levels will improve goal-level indicators. Nonetheless, suggested goal-level indicators have been incorporated.

b. Commercial Sector Monitoring

Based on the last bids submitted for ITNs, the wholesale price of both the rectangular and the conical nets are greater than the cost price of said nets to PSI/Rwanda. Please refer to the grid below for a comparison of prices.

<i>Net Type</i>	<i>Cost Price</i>	<i>Wholesale Price</i>	<i>Consumer Price</i>
Rectangular	\$2.18	\$2.22	\$3.11
Conical	\$2.50	\$4.66	\$5.55

Since each ITN is packaged with retreatment, cost prices increase to \$3.24 for a rectangular and \$3.56 for a conical net. The rectangular net targeted at the rural poor, therefore, is sold below cost but the conical net is sold at a price \$1.10 higher than cost, which represents an attractive profit.

To better target the subsidy, PSI/Rwanda has recently restricted sales of ITNs in urban areas, where economic wherewithal is greater, to conical nets only. Both conical and rectangular nets are available to the rural population. It is expected that this action will result in increased conical sales and, furthermore, that those with the economic means to do so, generally urban inhabitants, will purchase profitable conical nets rather than rectangular nets which are subsidized for the benefit of the poor.

Restricting sales of subsidized rectangular nets to the rural population encourages commercial sector entrance into the urban market with conical nets. With operations already functioning in Rwanda, future commercial sector rectangular ITN sales will involve an incremental cost. Realized savings could be passed to the consumer by way of a lower price-point, resulting in a competitive price relative to PSI/Rwanda's subsidized rectangular ITN. Moreover, in an effort to increase the market for ITNs, versus that of the *SUPANET* brand, PSI/Rwanda is engaging in generic BCC to augment demand of ITNs as a whole. Also, in communications emphasis is placed on ameliorating the population's price-value perception of nets. This should increase the number of people willing to pay the actual price, as well as increase the price people are willing to pay. Lastly, PSI/Rwanda will share annual sales reports with private sector companies to demonstrate the economic viability of entering the Rwandan ITN market.

The intermediate result that is incorporated into the logframe to monitor the potential of commercial sector entry is “**IR2.3:** Target subsidized ITNs to rural poor.” The corresponding indicator is “60% of urban respondents owning an ITN possess a conical net.” Attainment of this indicator will demonstrate the potential for commercial sector involvement, at least as it initially pertains to conical ITNs, and the success of the subsidy reaching the neediest.

For this indicator and others, revised per suggestions, KAP results, and based on program changes, please see the logframe below.

Monitoring and Evaluation Matrix

Results Hierarchy	Performance Indicators	M&E	Assumptions
Goal: Reduced incidence of malaria-related morbidity and mortality in children under five and pregnant women.	<ul style="list-style-type: none"> Cases of malaria among children under five reduced by x% All cause mortality among children under five reduced by x%. X% reduction in children born with abnormally low birth weight 	<p>MOH survey</p> <p>Mortality statistics</p>	
Purpose: Increased use of ITNs among rural pregnant women and children under five	<ul style="list-style-type: none"> Increase the percentage of rural households having at least one ITN installed from 3% to 15%. Of rural households with nets, increase the percentage of children under five sleeping under the net the preceding night from 50% to 80%. Of rural households with nets, 80% of pregnant women report having slept under a net the previous night. Of rural respondents who claim to know how to treat a net, increase percentage of households where someone has ever treated a net from 51.8% to 70% Length of project ITN sales of 300,000. 20% retreatment rate. 	<p>DHS</p> <p>KAP Survey</p> <p>KAP Survey</p> <p>KAP Survey</p> <p>MIS Sales Reports</p>	<p>Political and economic environments remain unchanged or improve.</p> <p>Mosquitoes do not become resistant to repellent used on nets.</p> <p>Mosquito biting habits and patterns do not change.</p>

For intermediate results and the corresponding performance indicators, monitoring and evaluation tools, and activities to achieve desired results, please see following pages.

Result IR1: Increased demand and behavior favoring the use of ITNs and retreatment.			
Outputs	Indicators	M&E	Major Activities
1.1 Increased understanding of the role of ITNs and retreatment in malaria prevention among rural population 1.2 Increased understanding of malaria transmission and risk among the rural population	<ul style="list-style-type: none"> Of rural respondents who agree that there are ways to prevent malaria, increase percentage who cite treated nets as a prevention method from 10.7% to 25%. 	KAP Survey	National <ul style="list-style-type: none"> - Conduct KAP research - Hold focus group discussions - Develop BCC themes/messages based on research - Produce new MVU video and conduct MVU sessions - Hire and train theatre group; produce and present drama pieces - Produce and install generic posters at health centers and hospitals - Conduct IPC activities on pre-natal day at health centers - Create and air radio spots - Create and distribute promotional items - Design and distribute IPC materials as applicable to NGO partners PILOT RURAL HEALTH DISTRICTS <ul style="list-style-type: none"> - Design and distribute IPC materials to health animators - Train Health Animators in BCC IPC and specific themes/messages of project
	<ul style="list-style-type: none"> Of rural respondents who claim to know why nets are treated, increase percentage stating malaria prevention as reason from 4.4% to 15%. 	KAP Survey	
	<ul style="list-style-type: none"> Increase percentage of rural adults who state 'mosquitoes' as a means of malaria transmission from 67.3% to 80% . 	KAP Survey	
	<ul style="list-style-type: none"> Increase percentage of rural respondents who protect themselves from mosquitoes from 56.2% to 70%. Increase percentage of rural adults who know that malaria is most dangerous for children under five from 27.6% to 40% and for pregnant women from 10% to 25%. 	KAP Survey	

Result IR2: Increased ITN and retreatment accessibility.			
Outputs	Indicators	M&E	Major Activities
<p>2.1 Increased availability of ITNs and retreatment.</p> <p>2.2 Improve target's perception of ITN and retreatment affordability.</p> <p>2.3 Target subsidized net to rural poor</p>	<ul style="list-style-type: none"> • Of rural respondents who had heard of nets, increase the percentage households in which at least one member knows where to obtain a net from 40.2% to 60% • 150 new private sector outlets in rural areas. • 80% of health centers in pilot rural health districts have ITNs and retreatment kits routinely available. • Of rural adults who had heard of nets, increase percentage stating that they would be willing to pay 1,000-2,000 frw for an ITN from 39.1% to 50% • 60% of urban net-owners possess a conical ITN 	<p>KAP Survey</p> <p>PSI/R Records</p> <p>Health Center and PSI/R reports</p> <p>KAP Survey</p> <p>KAP Survey</p>	<p>National</p> <ul style="list-style-type: none"> - Identify new sales outlets and wholesalers - Blitz rural areas for new sales points/wholesalers - Restrict ITN sales to conical only in urban areas - Implement wholesaler incentive program for PSI sales agents - Partner organizations conduct CBD - Set up re-supply system for partner organizations - Explore and implement creative financing schemes - Develop point-of-purchase materials and distribute to outlets - Conduct Distribution Survey - Hold focus group discussions <p>PILOT RURAL HEALTH DISTRICTS</p> <ul style="list-style-type: none"> - Create operational CBD network in public sector - Set up system for re-supply - Institute Health Animator payment method - Develop private sector referral list for Health Animators

Result IR3: Strengthened sustainability.			
Outputs	Indicators	M&E	Major Activities
3.1 Increased capacity of PSI to design/implement/direct ITN programs in Rwanda and globally.	<ul style="list-style-type: none"> • PSI behavior change framework modified to better address ITN interventions. • Creation of MCH department, with Sr. ITN Technical Advisor (based in Europe) • Increased ITN programming capacity MCH staff at HQ. • Disseminate lessons learned. • Operation research conducted in Rwanda for targeting rural populations. 	<p>PSI/R Records</p> <p>PSI reports/ Child Survival Coordinator participates in DIP and assists other PSI ITN programs</p> <p>Newsletter and case-studies published and disseminated</p> <p>PSI/Rwanda records/reports</p>	<p>PSI</p> <ul style="list-style-type: none"> - Investigate ways to improve behavior change framework for ITN interventions - Establish MCH department and recruit/assign staff - Increase ITN knowledge and experience among MCH staff - With PSI/Rwanda, conduct operations research to explore strategies for reaching rural areas - With PSI/Rwanda, identify potential donors and submit proposals - On-going exchange of best practices/lessons learned with PSI/Rwanda - Conduct operations research via PSI/Rwanda

Result IR3: Strengthened sustainability.			
Outputs	Indicators	M&E	Major Activities
<p>3.2 Increased capacity of PSI/Rwanda to implement effective BCC and manage a national ITN program.</p>	<ul style="list-style-type: none"> • ITN BCC/marketing plans submitted annually. • Seven PSI/Rwanda ITN staff trained in IPC. • At least three other partner organizations trained in CBD. • At least two partner organizations trained in IPC. • BCC materials developed based on research. • Establish joint steering committee. • Study tours, OTJ training, other training for Researcher, Deputy Director, and Malaria Prevention Activities Coordinator 	<p>Annual Marketing Plan PSI/R record/reports</p> <p>Meeting Minutes</p> <p>PSI/R reports/records</p>	<p>PSI/Rwanda</p> <ul style="list-style-type: none"> - Train staff in marketing, management, research - Conduct IPC trainings for PSI/Rwanda BCC staff - Develop training modules, BCC IPC materials and notebooks for partners - Conduct training workshops for partners - Establish, with the NMCP, a joint steering committee and hold quarterly meetings - Exchange visit for PSI/Rwanda Staff to other PSI ITN Program - Conduct annual PRISSM review - Conduct annual strategic sustainability plan review - Submit annual BCC/marketing plan for ITNs and retreatment - Conduct operations research and expand regional program site/program elements accordingly - Decrease cost/unit and manage revolving fund to continue to provide for re-supply and packaging

Result IR3: Strengthened sustainability.			
Outputs	Indicators	M&E	Major Activities
<p>3.3 Increased capacity of NMCP to sustain ITN programming.</p>	<ul style="list-style-type: none"> • NMCP staff trained in IPC and MIS. • PSI/Rwanda and NMCP co-produced weekly radio show. • NMCP representative completes study tour of PSI/Malawi's ITN program. 	<p>PSI/R records/reports</p>	<p>MOH/NMCP</p> <ul style="list-style-type: none"> - NMCP exchange visit to another PSI ITN program - Participate in IPC training sessions - Produce radio program in collaboration with PSI/Rwanda BCC staff - NMCP Coordinator participates in DIP Review in Washington, DC - Serve as the head of the steering committee for the project - MIS capacity increased through transfer of skills with PSI/Rwanda - Conduct modified PRISSM reviews
<p>3.4 Increased capacity of selected NGO partner (ASOFERWA) to implement and sustain ITN-related BCC and CBD.</p>	<ul style="list-style-type: none"> • ASOFERWA supervisors and selected leaders from women's groups trained in IPC and CBD by PSI/Rwanda • ASOFERWA effectively contributing to target's behavior change. • ASOFERWA's revolving fund established and providing for ITN and retreatment supply. 	<p>PSI/R records/reports</p> <p>Operations Research</p> <p>ASOFERWA reports; PSI/R reports</p>	<p>ASOFERWA</p> <ul style="list-style-type: none"> - Train personnel in BCC, IPC techniques and CBD - Establish revolving fund for ITNs - Conduct modified PRISSM reviews

Result IR3: Strengthened sustainability.			
Outputs	Indicators	M&E	Major Activities
<p>3.5 Increased capacity of health centers and NHAP in pilot rural health districts to implement and sustain ITN program.</p>	<ul style="list-style-type: none"> • No disruptions of ITN stock lasting more than one week in pilot district health centers. • Health center nurses and health animator trainers (at sector and cellule-level) trained in IPC and CBD. • Trained nurses and/or trained health animators train at least 250 other health animators • 80% of trained health animators actively promoting and selling ITNs. • Health Animators contribute to target's behavior change. 	<p>Health center records</p> <p>PSI/R records/reports</p> <p>Health center/Health animator records</p> <p>Operations research</p>	<p>NHAP/PILOT RURAL HEALTH DISTRICTS</p> <ul style="list-style-type: none"> - Train health centers and Health Animators in CBD - Train and distribute IPC materials to health animators to teach population about malaria symptoms, encourage population to seek immediate medical treatment upon identification of symptoms, and advocate safe and proper use of ITNs and retreatment - Assist public sector in establishing revolving fund

Result IR3: Strengthened sustainability.			
<i>Outputs</i>	<i>Indicators</i>	<i>M&E</i>	<i>Major Activities</i>
3.6 Minimize financial vulnerability of PSI/Rwanda's ITN program.	<ul style="list-style-type: none"> • Revolving fund established for re-supply. • At least one other donor providing funding for ITN and retreatment program. • Improved PRISSM evaluation. • % decrease in cost per unit. • Revolving fund continues to pay for re-supply of ITN, retreatment, and packaging. • Strategic Sustainability Plan revised annually 	Health center records; PSI MIS reports Signed donor agreement PRISSM PSI/R calculation PSI/R records/reports Sustainability Plans	

2. Research-Based Communication Strategy

a. Research

The national baseline KAP study was conducted in May 2001. Findings from the study indicate that almost the entire sample population (99.8%) is aware of malaria and that they comprehend the severity—most (90%) have suffered from the disease and believe that malaria can be fatal (92%). Of those who believe the disease to have fatal consequences, many (47.6% of urban respondents and 46.7% of rural respondents) have known someone who died from malaria.

The vector remains, to some degree, a source of confusion for the population. Though many (67.3% of rural respondents) provided “mosquitoes” as the answer to “How is malaria transmitted?” multiple answers were possible. Moreover, empirical evidence suggests that the population is not aware that the mosquito that transmits the disease, the female anopheles, bites only at night, therefore limiting the population’s appreciation of ITNs in preventing malaria.

The population also lacks ample risk perception, which is to say, they are not aware that pregnant women and children under five are the most vulnerable groups. Only 23.8% of urban respondents and 10% of rural respondents believe pregnant women to be among the most vulnerable and only 48.4% of urban respondents and 27.6% of rural respondents appreciate the risk malaria poses to children under five. In terms of personal risk perception, regardless of age or gender, the majority of rural respondents believed that they were “very likely” or “somewhat likely” (70.9% total) to catch malaria.

Sixty percent of all respondents believe in the existence of prevention methods. Of those, 53.2% of rural respondents think that sleeping under a mosquito net is the best way to prevent the disease; 10% believe that sleeping under an ITN is the most effective way. Of respondents who had heard of a mosquito net (81.8% of entire sample population), 91.1% of urban respondents and 82.3% of rural respondents stated that the main advantage of sleeping under a mosquito net is relief from the nuisance of mosquitoes. Comparatively, only 32.3% of urban respondents and 23.5% rural respondents believe that the main advantage is preventing malaria. This helps explain the perception of ITN affordability—not being bothered by mosquitoes is worth less money than preventing malaria and avoiding potential mortality.

A reported 81.8% of respondents who had heard of nets, had heard of ITNs. Of those, 79.6% claim to know the reason(s) nets are treated, with killing mosquitoes (80.9% urban respondents and 79.3% rural respondents) the most frequently cited reason. Only 6.1% of urban respondents and 4.4% of rural respondents stated protection from malaria as the reason for treating a net. Of those who had heard of ITNs, 40.2% of rural respondents knew where to obtain an ITN, with most of those respondents stating health centers (47.6%) or pharmacies (33.8%) as a source. The average number of minutes’ walk it would reportedly take for a rural respondent to arrive at an ITN source is 90 minutes.

Regarding the rural population’s perception of ITN affordability, 32.0% of those who had heard of ITNs stated that they would be willing to pay 500 – 999 frw (approximately \$1.11 - \$2.22) and 28.8% stated that they would be willing to pay 1,000 frw – 1,999 frw (approximately \$2.22 – \$4.44). The current consumer price of the ITN targeted at the rural population is \$3.11. In terms

of the willingness to pay for retreatment, over half (50.6%) of rural respondents stated 100 frw (\$0.22), the actual price of *Karishya* brand retreatment kits.

Included in this research study were questions regarding expenses for malaria treatment, prevention methods, and opportunity costs (i.e. days of work missed and therefore income lost). It was discovered that 41% of rural respondents spent between 250 - 1,000 frw (\$.55 - \$2.22) and 25.6% of rural respondents spent between 1,000 – 5,000 frw (\$2.22 - \$11.11) on treatment. On average, rural respondents spent 700 frw (\$1.55) on prevention methods other than an ITN. The average number of days of work missed due to malaria by rural respondents was 20.

Only 4.3% of all rural respondents reported having at least one net in their home. Of those owning nets, 85.7% of respondents slept under it the night preceding the survey. Where there was at least one pregnant woman in rural households with a net, all of them slept under the net the night before however this sample population consists of 4 pregnant women only. In rural households where there was at least one child under five and a net, 50% of children below the age of five slept under the net the preceding night.

b. Communication

The priority and corresponding principal communication themes, based on research outcomes as described above and pertaining to the behavior change framework, were determined to be:

1. **mode of transmission:** night-biting mosquitoes as the vector
2. **risk perception:** pregnant women and children under five as the most vulnerable groups
3. **product attributes and affordability:** economic advantages of using an ITN

Mode of transmission: Of rural respondents aware were aware mosquitoes transmit malaria, “don’t know” (22.2%), “drinking dirty water” (7.9%), and “catching cold” (3.2%) were also cited as reasons, as multiple responses were possible. As previously mentioned, the name of the mosquito that is the malaria vector and the exact hours they bite are also generally unknown. Though this information was determined to be too specific for mass media communications, there is an emphasis on conveying that the disease-carrying and transmitting mosquito bites at night, when most people are sleeping. Interpersonal communication sessions include more detailed information, such as name and gender of the vector and hours during which it bites.

Risk Perception: Of rural respondents, few were aware that children under five and pregnant women most need to avoid contracting malaria (27.6% and 10% respectively). In fact, a greater percentage of people believed adults in general (16.0%) and elderly people (15.3%) to be at risk. Over 44% (44.3%) of respondents thought everyone to be equally vulnerable.

This lack of group-specific risk perception is determined to be a major obstacle to the target groups’ behavior change—a group whose behavior is not entirely dependent on their own decision and action. For example, a small child is not likely to have the judgment and a pregnant woman may not have the clout within the family to negotiate nightly ITN-usage. As a result, one of the major communication themes is the vulnerability of these groups and the potential consequences of malaria among them (anemia, miscarriage, and low birth weight of the baby for pregnant women; higher chances of fatality and impeded mental development for children),

conveyed in a manner appealing to fathers, who are likely to hold the economic power and final decision-making ability, as well as mothers, who are responsible for the health of the family.

Product Attributes and Affordability: Research results confirmed that the population is unclear about ITN attributes, partially resulting from confusion in regards to vectors and in part from unawareness of the most vulnerable groups. Additionally, due to the low value placed on ITNs, the price is considered high. Exacerbating this problem is the tendency of the target population to not account for the long-term financial consequences of malaria but to concentrate on the initial capital investment required to purchase an ITN. The communication strategy as it relates to this theme is to ameliorate the price-value perception. This is to be done by augmenting the population's understanding of ITN attributes via increased understanding of the mode of transmission and the vulnerability and consequences of malaria among the target groups, while demonstrating the economic benefits of an ITN. Initial capital investment versus expenditures on treatment (including transport) will be emphasized, as will less effective means of malaria prevention and the opportunity cost of malaria. To reduce 'sticker-shock', the price of a net is never directly mentioned in mass-media communications, but instead is compared to regular household items, such as sugar.

3. Operations Research

PSI/Rwanda proposes to conduct mid-term operations research in three rural areas. The purpose is to determine the most effective and efficient means of BCC and distribution in rural Rwanda.

The three rural sites to be surveyed are:

- Commune 1: A commune exposed only to national communication activities (mass media and mid-level media such as the cinemobile and drama piece) and private sector distribution conducted by PSI/Rwanda
- Commune 2: A commune exposed to national communication activities (mass media *only*) and private sector distribution and in which ASOFERWA operates (IPC and CBD), but *no other* organization is active
- Commune 3: A commune within a pilot rural health district exposed to national communication activities (mass media *only*) and private sector distribution and where the MoH (health centers) and health animators operate (IPC and CBD), but *no other* organization is active

The selected communes will be surveyed using the 2001 Baseline KAP questionnaire and results will be compared to those obtained from the baseline. The results will provide direction regarding the effectiveness and efficiency of mid-level media (Commune 1), IPC conducted by a local NGO (Commune 2), and IPC conducted by the MoH—nurses and health animators—(Commune 3) based on transformations in behavior change indicators vis-à-vis communication costs. Mass media is the constant in all communes and therefore does not affect the research.

At the same time, PSI/Rwanda will conduct a cost/unit analysis based on the various means of distribution—private sector (Commune 1), CBD by a local NGO (Commune 2), and CBD by the MoH (Commune 3). The results will aid PSI/Rwanda in revising, if necessary, program design for the second half of the project.

4. Exit (or “Devolution”) Strategy

PSI defines sustainability as the ability to improve the health of low-income and vulnerable people through social marketing health products and services for as long as necessary. For this intervention, sustainability is the ability to make significant contributions, through social marketing, to the malaria prevention needs of low-income and rural Rwandans into the foreseeable future, while increasing the capacity of local partners to sustain ITN programming.

End-of-project coverage will be maintained via three main strategies:

- Maximizing health impact through the adoption of self-protective behaviors against malaria by the target population, specifically the use of ITNs and retreatment;
- Minimizing financial vulnerability through cost-recovery, cost-efficiency, and increasing the project’s ability to sustain operations financially; and
- Devolving public sector programmatic elements to the appropriate partners, i.e. by or at EOP, the MoH/NMCP and NHAP monitor and enhance IPC and ensure re-supplies of ITNs and retreatment to sustain CBD conducted by health centers and health animators, with plans to take activities to a national level.

PSI/Rwanda would also like to see commercial sector entry into the Rwandan ITN market, thereby devolving private sector distribution. Initially this might be limited to urban areas, with PSI/Rwanda continuing private sector distribution and CBD with local NGOs to reach rural population. If the commercial sector enters the national market with a price-point considered affordable by the rural population (in the absence of which PSI/Rwanda would continue social marketing subsidized nets in rural areas), it would be appropriate for PSI/Rwanda to continue BCC to increase or maintain demand for such.

F. MANAGEMENT SYSTEMS

As PSI/Rwanda operated as a local organization prior to the ITN project, management and financial systems were already in place. With the addition of several new employees, the ITN project was absorbed into the organization as a whole, inclusive of a large portion of human resources (accounting, logistics, sales team, etc.), financial management, and management information systems (MIS).

The MTA, supervised by the Country Representative, supervises the ITN Coordinator, who, in turn, supervises a BCC Project Assistant and two animators. The MTA and ITN Coordinator collaborate closely with the research, sales, and accounting departments and, together with the BCC Project Assistant, with the communications department. The BCC Project Assistant and one of the ITN animators are new hires as of September 2001.

The core ITN team meets weekly to discuss the previous week’s activities and goals as well as plans for the coming week. An ITN Retreat is scheduled for March 2002 to further team spirit and to discuss challenges and rewards faced by the team.

An audit of PSI/Rwanda (funded by KfW), which examined both financials and management, was conducted in November 2001. The results of the audit were overwhelmingly positive with the only suggestion for improvement to better document procurement processes.

Annex 1

Trainer's Manual for Community-Based Sales Training

TRAINER'S MANUAL

FOR

**COMMUNITY – BASED SALES
TRAINING**

CURRICULUM AND WORKPLAN

CONTENT		ESTIMATED TRAINING TIME	PAGE
INTRODUCTION: ICEBREAKER, OBJECTIVES & NORMS		30 minutes	1
PRE-TEST		¼ Hrs	4
UNIT 1: WHY DO WE NEED TO SELL HEALTH PRODUCTS AT THE COMMUNITY LEVEL? • EXTRA MATERIALS: SOME ITEM TO USE FOR "FREE GIFT" ROLE PLAY		1 Hrs	7
UNIT 2: WHAT I NEED TO KNOW ABOUT SELLING			
TOPIC 1: WHY ARE THESE PRODUCTS NEEDED? • EXTRA MATERIALS: ONE NET, ONE RETREATMENT KIT, ONE PLASTIC BIN FOR RETREATMENT DEMONSTRATION		1 Hrs	10
TOPIC 2: PRODUCT KNOWLEDGE		1 ½ Hrs	12
TOPIC 3: PRICES AND PROFITS • EXTRA MATERIALS: CBD BOARDGAME—ONE PER 3-5 PARTICIPANTS		2 ½ Hrs	14
TOPIC 4: WHOM SHOULD I SELL TO AND WHERE DO I FIND THEM?		¾ Hrs	18
TOPIC 5: SALES TECHNIQUES	Attention Getting Remarks	½ Hrs	19
	Product and Advantages	½ Hrs	20
	Answering Objectives	1 ½ Hrs	21
	Closing the Sale	½ Hrs	22
	Communicating	½ Hrs	22
TOPIC 6: WHAT I NEED TO SELL EFFECTIVELY		1 ½ Hrs	24
TOPIC 7: PRACTICE SELLING • EXTRA MATERIALS: SUFFICIENT PRODUCT FOR EACH "TEAM"		1 Hrs	25
RECAP OF EXPERIENCE		½ Hrs	25
TOPIC 9: PERSISTENCE		¼ Hrs	26
UNIT 3: HOW TO MANAGE MY SELLING		½ Hrs	27
POST-TEST		¼ Hrs	30
NEXT STEPS & REVIEW OF OBJECTIVES		½ Hrs	32

EXPLANATION OF TERMS

ACCESSIBLE

means that products are in stock and can be obtained at most times when people need them.

Example: If a store has nets and retreatment in stock and someone is always available to sell them when customers need them, then one may say products are accessible.

AFFORDABLE

means most people who need the product can find the means to pay for it.

ANSWERING OBJECTIONS

is the 'step' on the ladder of Sales Techniques where the seller tries to answer and overcome the reasons that the buyer had given for not wanting to buy.

ATTENTION-GETTING REMARKS

one 'step' on the ladder of Sales Techniques. An attention-getting remark is used to get a potential customer to become interested in hearing more about the product the CBD agent is selling, usually without realizing the CBD agent is trying to sell them something.

AVAILABLE

means the products are in stock. Products may be available but not accessible to customers if hours of distribution are limited or unpredictable.

BENEFIT

is an advantage that a product offers to its users. A benefit of an insecticide-treated net is that it prevents malaria-transmitting mosquitoes from biting the person protected by the net. Presentation of a product's benefit is a "step" on the ladder of Sales Techniques.

CLOSING THE SALE

is the last 'step' on the ladder of Sales Techniques. A sales person closes the sale when he or she summarizes why the customers should buy the product and asks or suggests that they buy.

COST PRICE

the price that someone pays to buy something.

INCOME	is the money that comes to the seller when someone buys (or rents) his or her product.
PERSISTENCE	the willingness to keep doing or trying something even when success is uncertain.
PROFIT	the difference between the income or revenue of something and all the cost or costs of obtaining the product/service sold. For example, costs may also include the cost of traveling to where the product is bought and the cost of staying overnight and eating, if needed, to have enough time to buy the product, as well as money paid to the supplier of the product.
REVENUE	the money that the seller receives from the sale or rental of something. Revenue and income are different names for the same thing.
SALES KIT	everything that the seller needs to make a sale – the product, information about the product, samples of the product, a bag to carry the product in, a sales outfit or uniform, something to record the sale on, loose change to make change for the buyer, etc.
SALES LADDER	the four parts or ‘steps’ in the process of selling.
SALES VISIT PLAN	the plan or schedule that a sales person has to devise to find customers and sell them products efficiently, without wasting time.
SELLING PRICE	the money that a seller is able to get from the buyer.
SOCIAL MARKETING	using marketing methods and techniques to promote ideas and sell products that are socially useful.

Participants

This Manual – and the accompanying Participant’s Workbook- was developed to be useful regardless of the literacy levels of the participants. “Low” literacy is presumed and most workbook exercises request the participants to simply “list” a few ideas or to write short “answers”. However, these directions can be adapted, as necessary, to “listen and remember” instructions, if participants are more comfortable with that, and the written exercises can be dispensed without effecting the learning process.

Teaching Materials

Most Trainer’s exercises require only 1 flipchart or a chalkboard, plus writing instruments. The proceeding curriculum provides information on any other materials needed.

INTRODUCTION

Activity 1 Icebreaker

Objective: To put the participants at ease and encourage participation.

Materials: Cards with the SUPANET logo (the number of cards should equal half the number of participants)
Cards with the Karishya logo (the number of cards should equal half the number of participants)

Trainer's Tip: *If you have an odd number of participants, the trainer should participate in this activity (ex 25 participants + 1 trainer = 26 for 13 cards of each logo)*

Step 2 Ask participants to select one card. If they have SUPANET they must find someone with a Karishya card and vice versa.

Step 3 Once everyone has found a partner, they should interview each other. During the interview they need to gather the following information about their partner:

Name

Why she wants to sell SUPANET and Karishya?

When was the last time she danced?

How many times did she and her family have malaria last year?

Step 4 Each couple introduces each other answering the questions above.

Activity 2 Objectives

Objective: To present the objectives of the training to participants

Materials: Flipchart with objectives for the training already listed.

Step 1 Trainer presents objectives clearly explaining each

Step 2 Ask participants if there is anything they would like to learn during the training that was not covered by the objectives. If so list those points.

Step 3 Tell the participants they will be given a test before the training and after the training to determine if the training achieved the objectives discussed.

Trainer's Tip: *If a participant wants to learn something that is not important to this training, acknowledge the participant and explain that that subject is outside the focus of this training (ex. A participant who wants to know the correct medicine for treating malaria)*

PRE-TEST

Administer this pre-test prior to training. At the conclusion of the session the same test will be given and the increase in scores will help both the trainer and the participants gain confidence in the CBD agents' knowledge and ability.

H **Trainer's Tip:** *If the participants cannot read or write the trainer can ask the questions and write answers on the flipchart*

Is getting something for free always better than paying for it?

- a. Yes
- b. No

Are nets effective for malaria prevention?

- a. Yes
- b. No

Treating a mosquito net with insecticide makes it:

- a. No more effective
- b. Somewhat more effective
- c. Much more effective

Who is most vulnerable to malaria? (multiple answers possible)

- a. Everyone
- b. No one
- c. Elderly
- d. Pregnant women
- e. Children under five
- f. Adolescents

How often should one retreat a net?

If products such as mosquito nets and retreatment kits are only available at hospitals, clinics or pharmacies/chemists, will this satisfy supply needs of all users?

- a. Yes
- b. No

All products provide some 'benefit' to the buyer. Which of the following things are a 'benefit' of an insecticide-treated mosquito net (multiple answers possible):

- a. Durable material
- b. Keeps unwanted insects away
- c. Kills and repels mosquitoes
- d. High quality
- e. Helps prevent malaria
- f. Easy to install and use
- g. Keeps you warm at night

When you sell something, what do you call the money you receive?

- a. profit
- b. income
- c. revenue

When selling some health products, is almost everyone a potential customer?

- a. Yes
- b. No

When someone gives you a reason why they do not want to buy your product, is it worth continuing to try to convince them?

- a. Yes
- b. No

To communicate with someone effectively is it necessary to listen to what they have to tell you?

- a. Yes
- b. No

Does a successful sales person need to be persistent?

- a. Yes
- b. No

If you had 3 mosquito nets to sell right NOW, how long do you think it would take you to sell them? _____

Does a sales person need to plan his or her work?

- a. Yes
- b. No

UNIT 1: WHY DO WE NEED TO SELL HEALTH PRODUCTS AT THE COMMUNITY LEVEL?

Activity 1

Objective: To think about the advantages of having health products they need available at a variety of places.

Step 1. Describe the ‘situation’ to participants:

“You are told by a community health worker or friend that mosquito nets can be obtained at a health center or boutique which is 5 ½ kilometers an hour’s walk from your house.”

Step 2. Ask participants work in groups of three. The groups should take a few minutes to **think about the advantages and disadvantages** of relying on the health center or boutique to supply their nets

Step 3. **Ask each group to name one** advantage and one disadvantage. List them under separate headings on a flipchart or chalkboard. Some ideas are suggested below:

<u>Advantages</u>	<u>Disadvantages</u>
Have had good experience with that facility	Have to pay for transport to get there
They know me	Takes a long time to get there and come back
I trust/like them	Have to wait a long time to be helped
	Sometimes they don’t have what I need
	It is not always open when I am able to go there

UNIT 1

Activity 2

Objective: To consider that something received for ‘free’ is not always better – and may not satisfy their needs.

Step 1. At the start of this activity, **give one female participant (pretend to choose at random) a book in English.** Be demonstrative, for example: “Congratulations, Mary. I’ve decided to give you this free English book” (hand book to Mary; shake hands.) Tell the audience the book is valued at 2,400RwFr.

Step 2. **Ask Mary how she feels.** (Hopefully she will say something like “Thank you!”, “I’m happy!”, and “I’m grateful!”)

Step 3. **Ask Mary if understands English.** Ask her if she likes to read? Ask her is she likes books on _____.

Step 4. **Ask other participants** if they can think of any reasons why Mary may be less than happy with her “free” book. Try to elicit such answers as: “May be wrong language.” “She may not like to read”. Write these answers on the flipchart or chalkboard.

Step 5. **Ask participants:** If the “free” book that was given to Mary is the wrong language, she doesn’t like to read, and she doesn’t like books about _____ what may happen to it? (List answers on flipchart or chalkboard. Try to elicit such answers as: “She’ll keep it but won’t read it.” “She’ll sell it.” “She’ll give it away” (If you get this reply, ask: “If she gives it away, will the person she gives it to use it?” Try to get the answers: “Maybe”, “We don’t know” or “We’re not sure.”)

Step 6. **Ask participants:** If Mary had used her own money to buy something, would she have purchased ...

- A book?
- In English?
- About _____?

Step 7. **Ask participants** to volunteer what they believe are advantages and disadvantages of getting something for “free”. Write these responses on the chart.

Step 8. **Write on flipchart or chalkboard:** “Free always = wanted or used????”. Ask for agreement and disagreements. (Most should say “No!” When get mostly “No’s”, mark/chalk a large “X” through the “=” sign.)

Activity 3

Objective: To understand “Social Marketing” and how CBD is part of Social Marketing

Step 1. Explain that “**Social Marketing**” is a solution to the problems and obstacles we have been discussing. Review the issues raised in the first two activities.

- Health facilities and stores where people might get the health products they need:
 - Don’t always have them
 - Are often far and not open at convenient times
 - Do not always have enough personnel to serve everyone promptly and adequately
- “free” does not always guarantee that:
 - products are there
 - they are exactly what you need
 - you can get the quantity you need

Step 2. **Explain** to participants that when they begin selling and promoting SUPANET and Karishya they will be doing “Social Marketing”.

Step 3. **Describe** the social marketing solution:

Availability of health products – whether the products are there – and **access** to those products – whether you can get the products when you need them – in your community can be improved if they are sold in the community at an **affordable** price, which usually is much cheaper than similar commercial products.

Social marketing companies such as PSI (Population Services International) develop and market health-promoting products **for sale** at prices that are **affordable** to most people that need them in the community.

Because the products can be sold – for profit – this gives many shopkeepers – and community-based distribution (CBD) agents – a financial incentive to stock and encourage the use of these products that they would not have if distributing “free” products. This assures that the consumer will have several places in the community to get health products when they need them. **Availability** and **access** are improved.

The financial incentive also encourages community-based distribution agents and shopkeepers to talk about and **demonstrate** the products in the community and to **explain** how purchase and use of the products can improve the health of individuals and of the community. This is called

demand creation. Because the demand is there, shopkeepers and community-workers are encouraged to continue to make sure products are always available.

Making needed quality products available at an affordable price-and educating people to change their behavior by understanding, purchasing, and using the products- is what social marketing is all about.

Social marketing is effective only if people **BUY** and **USE** the products you sell.

Step 4. **Briefly** repeat and explain the important terms above:
 Availability
 Accessibility
 Affordable
 Demand Creation

<p>Trainer's Tip: <i>This is a particularly difficult but important section. The trainer should review this carefully and think of relevant examples before presenting.</i></p>
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UNIT 2: WHAT I NEED TO KNOW ABOUT SELLING

Objective: To be able to identify and present – for each product to be sold – everything needed to make a sale

UNIT 2/TOPIC 1: WHY ARE THESE PRODUCTS NEEDED?

Activity 1

Objective: To understand the malaria context

Step 1. Do a brief sketch with someone with malaria symptoms.

Ask the participants what was wrong with the person in the sketch?
Have they ever had malaria? Has anyone in his or her family had malaria? Do they think people can die of malaria? Do they know anyone who has died because of Malaria?

Ensure that the prevalence of malaria has been established—it is a severe problem in Rwanda that can kill. In fact, malaria is responsible for 1 out of three deaths among children under the age of five in Rwanda and many adults in Rwanda also die because of malaria.

Step 2. **Ask participants how malaria is transmitted.** When a participant volunteers ‘mosquitoes’ as a response, tell the audience that mosquitoes are the *only* way malaria can be transmitted. Go on to explain that the mosquito responsible for transmitting malaria in Rwanda is the anopheles mosquito, which bites between the hours of 11 pm and 3 am.

Step 3. **Ask participants who is most susceptible to malaria.** Explain that *anyone and everyone* can get malaria but, due to their fragile nature, pregnant women and children under the age of five are the most vulnerable. Consequences of malaria for pregnant women include miscarriage, giving birth to a child with low birth weight, and being anaemic after giving birth. Because the immune system of children is not yet fully developed, they have no ability to fight diseases such as malaria and are therefore more likely to suffer from the disease severely and, possibly, fatally.

Wrap up this segment by **re-iterating that malaria poses a serious health risk to the entire community.** Those most at risk are pregnant women and children due to their weaker state. Because malaria is a severe disease that can result in death, it needs to be treated by a health professional immediately upon identification of the symptoms. But something *can be done to prevent* malaria.

Activity 2

Objective: To appreciate the important role ITNs and retreatment play in the prevention of malaria

Step 1: **Tell participants** they are learning to sell and promote SUPANET and Karishya. Ask participants **what is SUPANET? what is Karishya?**, write answers on a flipchart /chalkboard.

Step 2. **Divide participants into groups of 5 and ask them discuss the following questions.** After discussing the questions each group should present their responses.

(a)What's an insecticide treated net?

For “insecticide treated nets”, the answers should include:

A net that is treated with insecticide under which people sleep that:

- a) keeps insects away
- b) kills and repels mosquitoes
- c) prevents malaria transmission

(b) What is retreatment?

For “retreatment”, the answer should be similar to “an insecticide in which the net is dipped every six months or after 2 washings which re-empowers the net, rendering the net much more effective in preventing malaria by killing and repelling the malaria-transmitting mosquito”. It also keeps away other unwanted insects such as bed-bugs and head-lice.

Step 3. **Ask if anyone** uses an insecticide treated net or if they know of anyone who uses an insecticide treated net? Ask if those who use an insecticide treated net notice a difference in their health? If no one responds trainer should use an example of how insecticide treated nets have keep their family from malaria.

Wrap up this segment by **explaining that insecticide treated nets, and their regular retreatment, has been proven to be the most effective way of preventing malaria** when used consistently (i.e. every night).

Trainer Tip: <i>At this point conduct a retreatment demonstration. If anyone in the audience has ever re-treated a net ask them to do the demo</i>

UNIT 2/TOPIC 2: PRODUCT KNOWLEDGE

Activity 1

Objective: To gain an in-depth understanding of the products and their benefits

Step 1. Give participants a copy of the drawing, which shows a treated net and untreated net. **Ask participants:**

- how does an insecticide-treated net work?

Insecticide treated nets prevent transmission of malaria from the malaria-transmitting mosquito, which bites only at night, protecting those who sleep under it from contracting malaria. The treated net repels and kills the malaria-transmitting mosquito, making your net much more effective in preventing malaria.

Step 2. **Ask participants:**

- who is the insecticide-treated net for? For everyone. But it is particularly important that pregnant women and children sleep under a treated net.

Step 3. **Divide participants into groups of 5. Ask them to develop a list of the advantages (good qualities) of SUPANET and the disadvantages (negative qualities):**

- some advantages

The most effective way of preventing malaria
Protects anyone and everyone who sleeps under it
Can be obtained in convenient locations
Durable netting, which can last for years
The net needs to be re-treated only every six months or after two washings
Easy to install and use
Less expensive than treatment to cure malaria
Keeps those who sleep under it warmer at night
Kills and repels malaria-transmitting mosquitoes
Keeps out other unwanted insects
Easy to re-treat

- some disadvantages?

Must be used consistently (every night)
Must be re-treated to maintain its effectiveness
Requires initial investment of money
Gets dirty over time—requires washing

Insecticide must be handled and the empty container after treatment disposed of carefully

- Step 4.** Write the word “**benefit**” on the flipchart/chalk board **ask for volunteers to define it**. The response should be similar to “a BENEFIT is an advantage that something gives”.

Trainer’s Tip: *Please make sure you can explain clearly the terms benefits and advantages. Prior to the training, develop several appropriate examples.*

If participants are having trouble with the definition, use some examples, such as:

What’s a benefit of sugar? (Makes things taste sweet)

What’s a benefit of kerosene? (Gives light as it burns)

What’s the benefit of wood fire? (A “feature” of wood is that it burns. A “benefit” of burning is that it provides heat).

- Step 5.** Revisit the list of advantages. **Ask participants which of those advantages are benefits** (from the advantages listed what are the good things SUPANET does for those who use it) and if they can think of any others. Core benefits include:

Keeps away unwanted insects

Saves money (in the long run)

Prevents malaria

Provides warmth

- Step 6.** Wrapping up this segment, **explain the importance of describing the advantages and benefits** of ITNs to potential customers. And, *be prepared to address their concerns about the disadvantages!* (To be addressed further in Unit 2, Topic 5)

UNIT 2/TOPIC 3: PRICES AND PROFITS

Trainer Tip: *Affordable price is a key principal of social marketing. It is important for CBDs to emphasize the affordability of the products they offer for sale. It's also important that they be able to correctly calculate the prices for sale.*

The objective of this topic is for participants to:

- Understand what is the cost price, the selling price, the income and the profit of the products they will be selling;
- Calculate each correctly;
- Be able to effectively compare their selling prices to prices of other items their customers usually buy;
- To be able to compare the low cost of their products to the benefits they provide the client and to the extra value that the CBD provides by delivering the product to his or her house.

Activity 1a

Objective: To appreciate the good value their products offer customers and to equip them with some examples to use when they sell.

Step 1. **Ask participants** to name at least three things that can be bought in their area for approximately the same price as each of the products they will be selling (ex 3 things for 2,500 RwF, 3 things for 1,400RwF and 3 things for 100RwF).

Trainer's Tip: *Prior to the training visit the town/commune where the training is to be held and identify three products that cost about the same price. So if the audience does not have examples, you can give relevant examples*

Step 2. **Ask for several examples** and ask each volunteer to state how often each of the things mentioned might be bought by their friends and neighbors (in a month, year, or over the course of a few years)

Step 3. After several examples, **ask whether people buying these other ever complain** that they are “too expensive” or that they “should get them free”.

Step 4. **Make the point** to participants that the costs of the products they are selling are not much higher than items, which the people already buy. They should remind their customers of this if they state “too expensive” as a reason for not buying.

Activity 1b

Objective: To realize that the savings of an ITN far outweigh the immediate cost.

Step 1. **Ask participants** how much malaria treatment costs. How much did they spend on malaria treatment last year (Trainer should writing all of the responses on the board/flipchart)

Step 2. **Ask participants to add** the cost of transport to the nearest health center, hospital, etc. and arrive at a total.

Step 3. **Ask participants** how much they can earn for a day's work. **Ask participants** how many days they were sick the last time they had a bad case of malaria. **Then ask them how much money they did not earn because they were sick (number of sick days X daily salary).** This figure is the **opportunity cost** of the illness—the amount that *could have been* obtained had the person not fallen ill.) **Add this amount to the treatment and transportation costs.**

Step 4. **Ask participants** how much they spent last year on malaria prevention (how many coils, bombes, etc did they purchase last year to keep away mosquitoes)? **Add this to the list of costs and total.**

Step 5. **Ask participants** how many people on average sleep under a SUPANET? One, two, three or more? **The trainer should multiply the total from Step 4 by the number of persons who sleep under the net**

Step 6. **The trainer tells participants that net lasts 4 years. Multiply the number from Step 5 by 4. Explain to participants this is how much malaria costs three Rwandans over 4 years.**

Step 7. **Ask participants** how much a SUPANET costs? Write down the cost of a net on a separate flipchart page. **Ask participants** how much Karishya costs? **How times do they need to re-treat their nets during 4 years? How much would that cost?** Write down the cost of a re-treatment for 4 years. Add the cost of the net and the re-treatment for 4 years. **Tell them this is the cost of preventing malaria for three people for 4 years with SUPANET.**

Ask participants to compare the cost of preventing malaria for three people for 4 years with SUPANET to the cost of malaria for three Rwandans over 4 years. Which costs more?

Wrap up this segment by explaining, “People sometimes say they cannot afford a net. In truth, people cannot afford to *not* own and use an insecticide-treated net.”

EXAMPLE

Flipchart 1

Treatment for a year	1,800 RwF
Transport to health center	1,200 RwF
Lost Salary	2,400 RwF
Cost of coils, bombes, etc.	<u>6,000 RwF</u>
Total Cost for 1 person	
For 1 year	11,400 RwF
Total Cost for 3 persons	
For 1 year	34,200 RwF
Total Cost for 3 persons	
For 4 years	136,800 RwF

Flipchart 2

Cost of SUPANET	1,400 RwF
Re-treatment for 4 years	<u>700 RwF</u>
Total Cost for 3 persons	
For 4 years	2,100 RwF

Objective: To introduce participants to the basic vocabulary of **prices** and **profits**.

Step 1. Talk participants through defining the terms by asking them questions such as:

Q. When you sell something, the amount of money you ask for and receive is called your what?

A. **Selling price** is what you ask for and receive for an item that you sell.

Q. When someone sells you something, what is your **cost price**?

A. What you pay for it.

Q. When you sell something, what do we call the money you receive?

A. **Income** (or **revenue**) is the right answer; **profit** is NOT the answer.

Q. When you get income from your sales and deduct the cost of what you paid for the item you sold, what's left?

A. **Profit**.

Activity 3

Objective: Have the participants apply the terms just discussed to a “real life” example.

Step 1. Present the ‘situation’:

“If you paid a market lady 100 frw for 5 bananas and sold them for 150 frw”:

Step 2. Divide into groups 5 and ask the groups to find the answers to the following questions:

1. What’s the market lady’s selling price? (Answer: 100 frw).
2. What’s your cost price for ONE banana that you bought? (20 frw).
3. What’s your income on each banana that you sold? (30 frw)
4. What’s your profit on each banana you sold? On all 5 bananas? (10 frw on each; 50 frw on all 5).
5. What’s the market lady’s income on the 5 bananas she sold you? (100 frw)
6. What’s her profit? (don’t know because you don’t know her cost).

Step 3. Review the answers with the group.

Activity 4

Objective: To help participants understand and use a price/profit grid to calculate their “profits” and income to save to buy more products.

Step 1. **Show participants the price/profit table (trainer should draw this prior to the training on the flipchart/board).** Explain the table.

Step 2. **Ask participants** if anyone has ever sold a product like tomatoes or Fanta. Fill in one row of the table using the participants’ example. Ask participants for each amount for each column on the table. Have the participants write it on the flipchart.

Step 3. **Repeat** using ACTUAL SUPANET prices.

Step 4. **Repeat step 2** using different quantities of rectangular nets until participants become comfortable with the grid concept and how to use it.

Step 5. **Repeat with** one or two calculations for Karishya and conicals.

CBD’s PRICE/PROFIT GRID

Product and quantity	(A) Bought at (=cost price)	(B) Sold at (=selling price)	(C) Your income	(D) To save to buy more (always= “A”)	(E) Your profit to keep and use (= “C” minus “D”)
1 rectangular net	1.000 frw	1.400 frw	1.400 frw	1.000 frw	400 frw
1 Conical net	2.100 frw	2.500 frw	2.500 frw	2.100 frw	400 frw
1 Re-treatment kit	50 frw	100 frw	100 frw	50 frw	50 frw

Activity 5

Objective: To exercise participants mathematical skills and reasoning in the ‘real world’ context (in which other costs present themselves to the CBD agent).

Step 1. **Break participants up into groups** of 10 members per board game (5 teams of 2) and explain the rules of the CBD board game.

Step 2. One trainer should be the facilitator for each game. The facilitator should help each group through the game. Start the game.

Step 3. At the conclusion of the game, **discuss with participants (process).**

Trainer’s Tip: *Use the following questions to process the game. Trainers can add more questions but should follow the steps 1) What happened? 2) How can you apply this to your situation you? 3) What did you learn or experience? 4) What next?*

Ask how they enjoyed the game? Was it easy or difficult? What was the most difficult, the easiest?

How is the game like reality? What questions are things that have happened to you?

What did you learn? What are strategies for winning if you play again?

Can the things you learned in this game help you sell and manage money from SUPANET & Karishya? How? Give examples?

UNIT 2/TOPIC 4: WHOM DO I SELL TO AND WHERE DO I FIND THEM?

Objective: To get participants to understand that there are **many types of potential customers** for their products.

Even in a small community they should offer their products at least once to all appropriate persons; they should not “assume” that certain persons would “not be interested” in buying/using. Different kinds of buyers need to be sought in different locations throughout the community.

Activity 1

Step

Trainer’s Tip: *Prior to the training please have the table drawn on the flipchart.*

“You have completed training and have returned to your community to begin selling”.

Divide into groups of 5. Ask each group to think about the name of each of the products that he or she will be selling. Then, for each product, **describe the kind of clients** or customers you think will be most **likely to buy** that product. Briefly describe **why you think they will be good clients**.

Step 2. Ask for examples from the groups and list them in the following table:

<u>What?</u>	<u>Who?</u>	<u>Why?</u>	<u>Where?</u>
SUPANET Conique			
SUPANET X-Famile			
Karishya			

- Step 3.** **Give participants a few minutes to think about** or list their answers.
- Step 4.** **Ask for volunteers** to help you complete the same chart on your flipchart/chalkboard.
- Step 5.** **Discuss with the participants what they think** about the answers offered – and why. Try to get them to consider all the possibilities rather than identifying the most obvious potential customers, e.g. “A teenage boy would not be interested in purchasing a mosquito net.” For example, “Do you know any teenage boys in the community whose family members have fallen ill with malaria?”

Activity 2

- Step 1.** **Return to Activity 1.** “For each kind of customer you have listed, in the right-hand column – “Where?” – think about or write down the best place to meet each person to tell them about the health products you are selling”.

UNIT 2/TOPIC 5: SALES TECHNIQUES

Objective: To help the participants understand selling as an orderly process that requires practice and planning.

Tip to Trainer: *Most of this section will require the lecture method since the ideas will be new to most persons. Have your unlabeled ladder drawn prior to the training. Also prepare your flipchart as follows:*

Activity 2: Sales Step 1- Attention-Getting Remark

Situation 1

Appropriate attention-getting remark:

Situation 2

Appropriate attention-getting remark:

UNIT 2/TOPIC 5

Activity 3: Sales Step 2- Presentation of the product

Potential Questions:

- 1.
- 2.
- 3.

UNIT 2/TOPIC 5

Activity 4: Sales Step 3- Answering objections

Possible objections:

- 1.

2.

3.

Activity 1

Step 1. **Introduce the concept** of the “sales ladder” – 4 steps – from bottom to top – that can help a customer move from disinterest to buying:

Trainer Tip: *as you introduce each “step” write them on the flipchart/chalkboard from the bottom of the board to the top. Explain to the participants that selling – just like climbing a ladder – requires starting on the **bottom** rung and moving **up** – step-by-step.*

Step 2. **Present the “steps” in the sales “ladder”** in the order shown in **Activities 2 – 5**, below. (Some activities to aid presentation are suggested).

Activity 2 **Sales Step I. ATTENTION-GETTING REMARK:**

Step 1. **Write the name of each Sales Step** on the flipchart/chalkboard as it is introduced. “Sales Step 1” should go at the bottom of the page, “Sales Step 4” at the top to illustrate the “ladder” principle.

Step 2. **Explain to participants** that the idea here is to make a seemingly casual remark about the general subject so as to involve a potential customer in a dialogue without the customer realizing at first that you want to sell them something. For example, if you start out by saying “I have a SUPANET. Would you like to buy it?” it is too easy for the potential customer to say ‘no’. Start with a comment or question that cannot elicit a ‘yes’ or ‘no’ response.

Do a quick role-play here with a participant:

“Hi, [participant’s name]. How are you feeling?”

“Fine”

“That’s good. I heard M. XX is sick with malaria. It has become such a problem in this area!”

Step 3. **Ask participants to think about** or list in their workbooks (under UNIT 2/TOPIC 5, Activity 2, Situation 1) a possible statement or question that a CBD agent might ask a potential customer like this one to get his **attention** and start a discussion.

Step 4. **Ask for volunteers** to give their ideas.

Possible answers might include:

“I stopped by the health center last week and saw so many people suffering from malaria...”

“I have heard that often health centers and pharmacies do not have malaria medication...”

“Oh, I see that you are pregnant. How fortunate! You really must take care because malaria poses serious risks to pregnant women ...”

Step 5. **Discuss each suggestion** and get participants to evaluate the strengths and weaknesses of each.

Step 6. **Remind participants** that this is only the first step on the “Sales Ladder”-- that’s why it’s at the bottom.

Tip to participants: A good “attention-getting remark”:

- **Catches the interest** of the customer;
- **Does not allow him/her to say “No”** or “Not interested” or to end the conversation;
- **Allows the conversation to continue** – hopefully with the customer now asking questions that allow the CBD to offer information and begin to talk about products.

Step 7. **Describe Situation 2:**

“The child of a neighbor, Marie Louise, had malaria and just returned from the hospital. You plan to visit her and the child. Think of an attention-getting remark to open a conversation with her about this.

Trainer: Repeat steps 3-5 from **Situation 1**.

Activity 3 **Sales Step 2: PRESENTATION OF THE PRODUCT AND ITS ADVANTAGES**

Step 1. **Introduce this Step** by lecture method, highlighting the points below in bold.

- Once the CBD agent has captured the attention of a customer he or she should quickly but smoothly proceed to a **product demonstration**.

- **Actual product** should be used and the involvement and **participation of the customer** sought. Example; “Feel this netting. See how durable it is?”

Step 2. **Ask participants to write** in their workbooks (under UNIT 2/TOPIC 5, Activity 3) questions they would ask to get the potential customer to interact with the product.

Step 3. **Ask participants to tell you** a few of the questions they would pose. Put them on the chalkboard/flipchart and discuss.

Activity 4 **Sales Step 3: ANSWERING OBJECTIONS**

Step 1. Introduce the rationale of this Sales Step, by lecture method, highlighting the points shown in bold:

Everyone wants to **avoid spending money** unless they absolutely must. Many potential customers may offer “objections” or “reasons” why they don’t want to listen to you or to buy your product. Sometimes these are good reasons, but often it is just a way **for the customer to tell you that he/she has not been convinced** by what you have said or doesn’t feel that the benefits you have described are worth the money you are asking.

Sometimes an objection may be a way of saying “**You haven’t convinced me, but keep talking**”.

Trainer Tip: **Emphasize to participants:**

- DO NOT BE DISCOURAGED BY OBJECTIONS!
- GET TO KNOW THE VARIOUS “REASONS” CUSTOMERS WILL TELL YOU ABOUT WHY THEY “DON’T WANT TO BUY”
- PREPARE STRONG ANSWERS TO THEM!

Step 2. **Ask participants to think about** or write in their workbooks (under UNIT 2/TOPIC 5, Activity 4) some of the reasons they know (for those with previous sales experience) or think (for new sellers) that customers may give to avoid buying/using ITNs or retreatment.

Step 3. **Ask volunteers to suggest** some reasons and list them on the flipchart/chalkboard. “Objections” should be many and include things such as:

I can’t afford it.

I don’t think it’s worth the money.

I’ve never had malaria.

Malaria does not exist here.

A net will not help prevent malaria during the day when I’m not sleeping under it.

I’ve heard that the insecticide is bad for children.

I don’t know anyone else with a net.

I already treated my net once when I bought it a few years ago.

- Step 4.** **Break up the participants into groups** of 3-5. Assign each group 4 or 5 “objections” from the list on the board. Give each group 30 minutes to develop effective “answers” to the objections they’ve been assigned.
- Step 5.** Reassemble the groups and **ask one or more representatives from each group to present** the “answers” to two (more if there is time) of the objections their group dealt with.
- Step 6.** **Invite critiques from other participants.**
- Step 7.** **Summarize the points:**
- A good sales person tries to *anticipate and prepare for the reasons* that a customer may give not to buy the product.
 - You will sell more if you *plan and rehearse “good” answers* to these objections.
 - Meeting of CBD agents may be a good opportunity to *discuss difficult objections* and think of effective replies to them.

Activity 5 **Sales Step 4: “ASKING FOR” OR “CLOSING” THE SALE**

Trainer: Many effective sales people, even when they have good answers to most “objections”, fail to sell because they forget to “ask for the sale”. To introduce this section, using the lecture method:

- Step 1.** **Present these points:**
- a. To “close” a good sales presentation the sales person should:
 - Summarize the advantages of the product to the customer;
 - Remind the customer that questions/objections have been answered satisfactorily;
- Step 2.** **Ask volunteers** to tell you what their idea of a good close might be. Answers should include:
- “Cecile, I’ve explained to you that the mosquitoes that transmit malaria bite at night. We have also talked about re-treatment and the fact that it repels and kills the mosquitoes that transmit malaria.”
- “Although you said that nets are too expensive, I have showed you that it is much cheaper than getting malaria and having to treat it”
- “We have talked about the fact that as a pregnant women you are at high risk of getting malaria. For your health and the health of your baby, I strongly suggest [close] that you buy and use this mosquito net.”

Activity 6 **COMMUNICATING EFFECTIVELY**

Objective: To understand that while sales techniques are important- what and how messages are communicated is just as important

Step 1. **Ask participants to think about** the place or person in their community where they buy most of their daily household needs- sugar, tea or coffee, etc. Ask them to consider several reasons why they like to buy from this place or person and to list this in their workbook (under UNIT 2/TOPIC 5, Activity 6).

Step 2. **Ask participants to volunteer** some of their answers and list them on the flipchart board/chalkboard.

Initially answers may be “good quality” or “low price”. These are good but push them to suggest other personal qualities of the seller such as:

- Greets or acknowledges customer (verbal, smile, body language)
- Shows that interest in what customer has to say (listening, asking/answering questions).
- Seeks confirmation of what he/she believes is saying (paraphrasing, summarizing, providing feedback).
- Provides full and complete information.
- Thanks customer for buying.
- Assumes customer that will be available if questions or problems.

Step 3. **Conduct a role-play** with you as the shopkeeper and with a participant who pretends to be a customer coming to buy some soap and sugar from your shop. Your role is to demonstrate negative behavior towards the customer by, for example:

- Turning your back to do other things when the customer comes in.
- Not engaging in polite discourse (“Hi, how are you? How’s the family?, etc) and asking just: “What do you want?”
- Replying “we don’t have any” for some item asked for without suggesting alternatives (I’ll be getting some later today. I have another brand).
- Not thanking the buyer at end of transaction.

After role-play, **ask participants to volunteer** three things that showed that the sales person was *not* communicating effectively. Write the responses on the chart.

Step 4. **Ask suggestions** from participants as to things that an effective sales person does to communicate. List on chart.

Step 5. **Discuss the suggestions** with participants and then ask them to list five important skills in their workbooks

UNIT 2/TOPIC 6: WHAT I NEED TO SELL EFFECTIVELY

Objective: To help participants recall what they learned in Topics 1-5 and to understand that they need to have or be able to do everything learned in order to sell effectively.

Activity 1

- Step 1.** Ask participants to list in their workbooks (under UNIT 2/TOPIC 6, Activity 1) what they need to have, to know, and to be able to do in order to sell their products in their communities.
- Step 2.** Ask participants to volunteer their ideas and list them on the flipchart or chalkboard.
- Step 3.** As ideas are volunteered, assign a **“marketing” or “sales” term to the idea**. For example, if a participant volunteers “something to sell”, write this on the board and add in parentheses (**“Product”**), while explaining: “This is the special word given to this in marketing language”.

The brainstorming should produce something like the following:

- Something to sell (**“Product”**)
- Carry bag/sales record book/pen/samples/leaflets/loose change/(a **“Sales Kit” or “Tools”**)
- Know something about what you’re selling (**“Product Knowledge”**)
- Have reasons why someone should buy the product (**“Product Advantages and Benefits”**)
- Know how much the product costs them and me (**“Price List”**)
- Have someone who wants or needs the product (**“Clients” or “Customers”**)
- Have a plan to find or meet customers (**“Sales Visit Plan”**)
- Be able to convince someone to buy (**“Sales Technique”**)

UNIT 2/TOPIC 7: PRACTICE SELLING

Objective: To allow participants to refine and integrate skills through role-playing.

Activity 1

Step 1. Explain the guidelines:

- You will break up into pairs, one of you acting as the seller, the other as the potential customer. After the initial role-play, you will switch roles and partners (so those previously acting as the customer with one person will act as the seller with another).
- You will now have 30 minutes to prepare yourself to sell ITNs and re-treatment kits using the “4 step” sales principles that we have just reviewed. Those who are acting as the potential customer will act as ‘sellers’ in the next role-play and should be preparing themselves for that exercise also.
- After preparation, you will have 15 minutes to ‘make the sale’. After this role-play we will discuss it before switching roles and doing it again.

Step 2. Divide participants into pairs of two. After 30 minutes have them commence the role-plays and go around the room offering your own ‘objections to sale’ and advice to the ‘sellers’ as to how they can more effectively communicate and ‘make the sale’.

Step 3. After the role-play, **ask participants to share their ‘experiences’**. What challenges did they encounter? Were there arguments they were not prepared for? How can they improve upon what they did?

Step 4. Have partners switch their roles (with the ‘seller’ now acting as the potential customer) and place them with another partner (who previously acted as ‘seller’). Go around the room as they act it out and offer your own ‘objections to sale’ and advice to the ‘sellers’ as to how they can more effectively communicate and ‘make the sale’.

Step 5. After the role-play, **ask participants to share their ‘experiences’**. What challenges did they encounter? Were there arguments they were not prepared for? How can they improve upon what they did?

UNIT 2/TOPIC 8: PERSISTENCE!

Activity 1

Step 1. Lead a brief discussion with participants about:

- the meaning of persistence;
- why it's important;
- how to stay persistent.

Step 2. Ask for examples from the participants about a time they were persistent and succeeded. Ask participants to explain how persistence is important to effective selling.

UNIT 3: HOW TO “MANAGE” MY SELLING

Activity 1

Using the lecture or audience participation methods, **present each of the topics below and the tips** for each. Encourage participants to ask questions.

You will sell more- and contribute more to the health of your community if you think of selling as a skill that requires planning, preparation, and practice.

Here are some tips on how to “manage” your selling effectively:

Managing Your Stock

- Your stock is worth money. You will use the money from the sale of your stock to buy more products to sell.
- Keep your stock in a secure location away from heat, damp, or rodents.
- Monitor your stocks regularly to be sure that you have enough stock until the next time you can be re-supplied.

Getting More Products to Sell

- Before you have sold all of your stock, you should make arrangements to BUY more product.
- You will be expected to pay cash up-front for future stocks.
- The money to buy your new stocks should come out of the profits you have made from selling the first products or from your own money

Managing Your Money

- When you sell your products you will collect money from your customers.
- Part of the money you collect is your PROFIT; part of it is income needed to buy more products.
- Be sure that you keep **enough income to buy more** products- and know how much profit you are making.
 - One easy way to do this, after each sale, is to remove the **cost** price of what you have sold from the money you collected each time you sell a product and set it securely aside. The remaining money from the amount collected should be kept separate for your own use. The amount that remains after you have removed the “profit” is what you need to set aside in order to buy more products. **DO NOT SPEND THIS MONEY ON ANYTHING ELSE!**

Working “Smart”

You will sell more products, help your community, and make more money for yourself if you follow these easy tips:

- **Plan your time!** When you go out to sell have a clear idea of where you want to go, what you want to accomplish, and how you plan to do it.
- **Set goals!** Tell yourself “I am going to get two new clients this morning”, or “I am going to revisit four people who bought ITNs from me six months ago and will now need re-treatment”.
- If possible, write these goals down before you go out. Check how you did when you return.
- **Increase your goals!** If you got two new customers yesterday, try to get three today. Keep selling until you get the three.

Each week, try to sell more than last week.

Each month, always try to sell more than the previous month.

The more clients you see, the more money you will make.

- **Think strategically!**

Who needs your product?

-If you only sell to people like yourself or with whom you feel comfortable, you may not sell as much and you may not help all the people that need your products.

Where are the good places- and times- to meet those who need these products? Daytime may be good to meet some people, but not everyone is at home; some may be working.

What are the best messages or information to give each customer? Different people have different needs. Talk about what’s important to each individual. If someone has never fallen ill with malaria, perhaps the best message to give is that nets keep away mosquitoes so you won’t get bitten at night!

- **Review your performance** after each sales attempt. What went right? What didn’t work?

- **Visit your customers regularly.** You will sell more- and make more money if you add new customers each week **and** revisit past customers. Someone who bought a net from you before may need another for more family members and, don't forget, they will need re-treatment at least every six months! It is easier to sell more to a satisfied client than to convince a new client to buy something.

Visiting your customers regularly is **quality care**.

- **Present yourself professionally:**

Be clean and neat. Wear clothing that tells people you are serious about what you are doing.

Keep the products you are selling clean and neat.

Carry your products and information in a clean bag or case.

Keep your teaching aids clean and in good condition.

Identify your house with posters or signs that mention the products that you sell so that everyone is reminded of how you can help them.

- **Be Persistent.**

Increased awareness and changed behavior takes time and persistence.

Someone who seems NOT to want to listen to your message today- or buy your products- may decide to buy them tomorrow or next month or next year.

Don't be discouraged!

POST-TEST

Trainer's Tip: *Prior to the Post-Test repeat the objectives from the beginning of the training. Tell participants after the post-test we will evaluate the training against the objectives*

2. Is getting something for “free” always better than paying for it?
 - a. Yes
 - b. No
3. Are nets effective for malaria prevention?
 - a. Yes
 - b. No
4. Treating a mosquito net with insecticide makes it:
 - a. No more effective
 - b. Somewhat more effective
 - c. Much more effective
5. Who is most vulnerable to malaria? (multiple answer possible)
 - a. Everyone
 - b. No one
 - c. Elderly
 - d. Pregnant women
 - e. Children under five
 - f. Adolescents
6. How often should one retreat a net?

7. If malaria products such as mosquito nets and retreatment kits are only available at hospitals, clinics or pharmacies/chemists, will this satisfy supply needs of all users?
 - a. Yes
 - b. No
8. All products provide some ‘benefit’ to the buyer. Which of the following things are benefits of an insecticide-treated mosquito net? (multiple answers possible)
 - a. Durable material
 - b. Keeps unwanted insects away
 - c. Kills and repels mosquitoes
 - d. High quality
 - e. Helps prevent malaria
 - f. Easy to install and use
 - g. Keeps you warm at night

9. When you sell something, what do you call the money you receive?
 - a. profit
 - b. income
 - c. revenue
10. When selling some health products, is almost everyone as a potential customer?
 - a. Yes
 - b. No
11. When someone gives you a reason why they do not want to buy your product, is it worth continuing to try to convince them?
 - a. Yes
 - b. No
12. To communicate with someone effectively is it necessary to listen to what they have to tell you?
 - a. Yes
 - b. No
13. Does a successful sales person need to be persistent?
 - a. Yes
 - b. No
14. If you had 3 mosquito nets to sell right NOW, how long do you think it would take you to sell them? _____
15. Does a sales person need to plan his or her work?
 - a. Yes
 - b. No

NEXT STEPS

Following the conclusion of **Unit 3** and the administration of the Post-Test, time should be left for the sponsoring organization to explain to participants what will now happen to prepare them to return to their areas to begin selling. While this will vary a bit depending on the organization, key points in this presentation should include:

- Revenues from the sale of the products should be used by CBDs to buy more products from wholesalers or more designated retailers who will sell them at special prices. (The sponsoring organization should provide a list of names and locations of these supplies as well as the prices at which they have agreed to sell to the CBDs)
- Profits from the sale of the products will be kept by the CBDs for their personal use.
- Distributions to the participants of 'starter stock' of product. (The quantity to be distributed should be determined by the sponsoring organization, but it is suggested that the quantity be sufficient to cover two months of expected sales- one month's to sell with an extra month's stock to maintain sales while replacement stock is obtained for the first month's).
- Distribution of participants of 'vendor identification' (T-shirts, ID badges, 'diplomas', branded bags to carry stocks) and sales promotional materials (product for demonstration and limited sampling, informational leaflets or brochures, posters, 'Sold Here' stickers or signs, etc).
- Distribution and explanation to participants of how and when sales are to be reported.

CBD BOARD GAME

Preparation

Draw 30 spaces on a large paper (ex. flipchart). If you are playing with 5 teams, have 5 'boards' comprised of 30 spaces prepared.

Colored pieces of paper represent the different players. Ex. If there are 5 people on each team, have 5 different colored pieces of paper ready for each team.

Fake money must be provided to each member as well as to the banker.

Each team receives one die.

Rules

- Each player starts with 3.500 francs (1 X 1.000, 3 X 500, 7 X 100, 6 X 50)
- Each player starts with 2 conical nets, 4 rectangular nets, 6 re-treatment kits
- One person among the players is the designated banker but *must* keep his/her money separate from the 'bank's'
- If you land on a space where you are requested to sell more commodities than you actually have, you are automatically out.
- If you have no money but you have product, you can sell product to the banker.
- If, at any point during the game, you are down to 0 frw and no commodities, you are out
- The player to finish with the most money wins; remaining commodities will be counted as if sold to customers and the profit will be added to the player's account to determine the winner

Prices

Buy conical net at 2.300; sell at 2.500

Buy rectangular net at 1.200; sell at 1.400

Buy re-treatment at 50; sell at 100

Board

1. Market Day. You spend 2.500 francs
2. You sell 1 rectangular net and 1 re-treatment kit. Buy one more of each
3. You sold 3 rectangular nets and 4 re-treatment kits. Re-stock as you like
4. A customer buys 2 conical nets. Buy a re-supply of your choice
5. Your son needs a new shirt and pants. Pay 2.200 francs
6. A customer buys 2 rectangular nets and 3 re-treatment kits. Buy a re-supply of your choice
7. You sell 2 conical nets. Buy 2 more
8. You may buy a re-supply from the banker
9. Your radio broke! You buy a new one. Pay 2.700 francs
10. Your daughter needs medication. Pay 1.800 francs
11. You sell 4 re-treatment kits. Buy 4 more
12. You sold 2 rectangular nets and 1 conical. Buy a re-supply of your choice
13. You may buy a re-supply from the banker
14. You buy 2 rectangular nets. Pay the banker
15. You sell 3 rectangular nets and 4 re-treatment kits. Re-stock as you like
16. The goats ate your crops. Lose 3.000 francs
17. You sell 5 rectangular nets and 2 re-treatment kits. Re-stock as you like
18. You may buy a re-supply from the banker
19. You sell 2 conical nets and 4 re-treatment kits. Buy a re-supply of your choice
20. You need a new mat. Pay 800 francs
21. You sell 5 re-treatment kits. Buy 5 more
22. Market Day. You spend 2.100 francs
23. Buy 3 rectangular nets
24. You may buy a re-supply from the banker
25. You sell 2 rectangular nets and 3 kits. Buy a re-supply of your choice
26. Your husband wants banana beer. He takes 1.800 francs
27. You may buy a re-supply from the banker
28. Sell 2 rectangular and 1 conical net and 3 kits. Buy a re-supply of your choice
29. Sell 2 conical nets and 3 re-treatment kits.
30. No rain this year! Crops die. Lose 3.000 francs

Annex 2

Behavior Change Communications Spots

SPOT 1

(Conversation between friends)

Mathias: Hey Sylvestre, Sylvestre, how is it going mate? You know what, yesterday I made a mistake and I drank a not fully fermented banana beer at Murinzi's, with no hit at all! And now I feel like I have a fever, I think it is malaria.

Sylvestre: Mathias, you don't have to tell me! I have the same problem. Yesterday I spent the whole day in the field under the sun, and when I finished work it rained and I got caught in it, and now I have malaria. As for my little son, he was sucking sugar cans and now he also has a fever. Where can we go to escape this malaria?

(In the meantime, another man approaches)

Hm, hm, hm, what's happening here? Is it malaria that you are talking about in such a way? You don't know anything about malaria, I'm telling you! As for me, I know, I had a bad malaria case in the past. Last time, malaria seriously affected my family and myself. The reason was nothing else but ignorance of its cause, and sometimes we misdiagnosed it thinking that it was other diseases. According to what you were saying, you guys have the same problem.

(Sylvestre and Mathias started asking him questions)

- Alphonse, you pretend to be so clever! I think malaria is a disease that attacks somebody and he/she gets a fever that's all.
- Everybody knows that drinking a non-fully fermented beer, staying in the rain, having a cold bath and eating sugar can cause malaria. Don't fib saying there's another way. Go away!

Alphonse: You are wrong, malaria is a disease that is transmitted only by mosquitoes. And not just any kind of mosquito, only those that bite at night.

Mathias: (laughing) Listen, are mosquitoes different? You said those mosquitoes that bite when? Eeeh!!!

Alphonse: No, they are not the same. As humans are different, as domestic animals are different, insects also have their differences; the same way there are different kinds of mosquitoes. The mosquitoes that make noise during the day or in the evening do not spread malaria. Those that transmit malaria only bite at night when most people are sleeping. That is why the best way of preventing malaria is to sleep under a treated mosquito net every night, all night long. I am telling you, since we've used a treated mosquito net in my home, we've never had a malaria problem. Think about what I'm saying. I've got to go.

Mathias and Sylvestre asking each other:

Do you think that's why they have a happy family these days?

Mathias, I think this might be true. I also noticed that at Macumu's they use it and they are in good condition!

Announcer: Malaria is a deadly disease that seriously affects the whole family but it can be easily prevented. Protect yourself from night-biting mosquitoes that spread it by sleeping under a treated mosquito net every night, all night long. It is the most effective way of preventing malaria.

IMAGINE A LIFE WITHOUT MALARIA.

SPOT 2

(Joseph and Pascal are two friends. Joseph goes to look for Pascal at his house so that they may go and get a drink together)

Joseph: Pascal, Pascal, where are you?

Pascal: Welcome! I'm in the back yard!

Joseph: Huh? What am I seeing here? A man who is dominated by his wife?! Joseph, you even do the washing!!!

Pascal: This is normal, there is a reason. My wife is pregnant and she is about to give birth. She is inside with our little son.

Joseph: So what? Don't we all have children and don't all our wives give birth?

Pascal: Listen, Joseph, the fact that you have had children without complications is pure luck but don't always count on that. Last time, my wife was about to die from malaria and she was pregnant. You know how much I wanted to have a family! I will do whatever possible to protect it.

Joseph: Pascal, don't confuse me, malaria and you being dominated by your wife are two separate things. We all get malaria, but who else does the washing?

Pascal: It is true that we all can get malaria. But it poses the greatest risk to pregnant women and small children under five because they are not strong enough. For pregnant women, malaria can cause miscarriage or premature birth and sometimes it causes anemia. For children under five, their immunity for fighting diseases is not yet developed so they are gravely affected by diseases and can even die.

Joseph: It is possible, I heard a health animator talking about that.

Pascal: No, that is true. Have a seat and let me finish this last cloth and then we will go have a drink.

Announcer: Malaria is a deadly disease for all but it most seriously affects children under five and pregnant women. Parents who love their families protect them by having them sleep under a treated mosquito net. Protect their precious life.

IMAGINE A LIFE WITHOUT MALARIA.

SPOT 3

(Mathias goes to visit his relative who used to be very poor but these days, is doing better.)

Knock, knock, knock.

Mutiganda: Come in, come in.

Mathias: (impressed by changes) Hello! Hm! Hm! I notice that nowadays everything is OK!

Mutiganda: Have a seat and a drink. “He who doesn’t know is a victim of his own ignorance”(translation of a Rwandan proverb). Simon, bring us a bottle!

Mathias: Mutiga, I notice that you are all alone here!

Mutiganda: Eh! You forgot that today is market day. Godeleive went to the market to sell clothes!

Mathias: Ah! You so you’re conspiring with those people who disturb and rob us! Tell me your secret. I don’t understand!

Mutiganda: There is no miracle. Remember that I was struggling for a living just as others, mainly because of malaria. My children got it, my wife got it... I couldn’t save up any money because everyone was always ill! I started to prevent it by using an Insecticide Treated Net. Now I can finally save up some money!

Mathias: Well, I always spend a lot of money for malaria treatment... is an insecticide treated net expensive?

Mutiganda: No! It’s not expensive. Especially not compared to what I was spending for treatment.. It is like the price of three kilos of sugar, the price of a saucepan, a jerry can or a woman’s cloth.

Mathias: No... really... is that true?

Mutiganda: Yes, it's true! I don't lie.

Mathias: If so, then I am going to buy it now... thank you very much!

Announcer: Malaria is a disease that disrupts family life and its economy. But remember that it is a disease very easily prevented. The secret? Sleep under an insecticide treated net every night, all night long. Protect your family's health and promote your wealth.

IMAGINE LIFE WITHOUT MALARIA.

POSTERS

1. Mode of transmission/Mosquito net as best means of prevention

Visual: Husband, wife and 2 children (aged 2-4), all together, confidently smiling to camera.

Headline: We're changing our life. We're beating malaria.

Body: In the past, malaria damaged the health and happiness of our family and we did not know how to stop it. Now we know that the disease is transmitted by mosquitoes--not all of them, only those that bite at night. So the best way to prevent it is to sleep under a treated mosquito net. Every night. All night long.

We have a responsibility to ourselves and to our family to prevent this preventable disease. We're fighting malaria and we're winning.

Logo (includes word "Imagine") in left corner, followed by "A life without malaria."

2. Vulnerable groups/consequences

Visual: Husband in background, gazing to the side where his pregnant wife sits with a child on her lap.

Headline: I always dreamed of the day I would have a family.

Body: And it's my job to keep them healthy and strong. That's why we fight malaria by sleeping under an insecticide-treated mosquito net every night.

It's particularly important that my pregnant wife and young child sleep under the net as their health is more fragile. In pregnant women, malaria can cause miscarriage, anemia, and low birth weight of the baby. And because children are still developing and cannot fight disease as well as adults, the illness can more easily result in fatality. I won't let that happen. Not to *my* family.

Logo (includes word "Imagine") in left corner, followed by "A life without malaria."

3. Cost-benefit

Visual: Healthy, happy family and some representation of rural wealth

Headline: We discovered the secret to better health and greater wealth!

Body: Before we found out that mosquito nets are the best way of preventing malaria, we spent lots of money trying less effective ways of fighting the disease. But we still fell ill and spent even more money to get better. And while we were ill, we couldn't work and the children missed school.

Since we have bought and regularly treated our mosquito net, the whole family has stayed healthy and since we haven't spent money on treatment and haven't missed work, we have saved money.

Logo (includes word "Imagine") in left corner, followed by "A life without malaria."